

MDR Tracking Number: M5-04-2255-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-15-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the lumbar arthrodesis, arthrodesis of posterior interbody, segmental fixation, unlisted procedure, and harvesting of bone autograft on 6/03/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 6/03/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26<sup>th</sup> day of May 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

May 12, 2004

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IRO Certificate No.: 5055

\_\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in the area of Orthopedic Surgery and is currently on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB

Medical report 03/08/04; H&P and office notes 11/04/02 thru 01/12/04.

Electrodiagnostic study 11/15/02

Operative and pathology reports 06/03/03

CT lumbar spine 01/06/03

### **Clinical History:**

The claimant is a 36-year-old female who hurt her back at work on \_\_\_\_\_. Some conservative treatment was attempted. There is no record of any epidural.

### **Disputed Services:**

Lumbar arthrodesis, arthrodesis of posterior interbody, segmental fixation, unlisted procedure and harvesting of bone autograft on 06/03/03

### **Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated above were not medically necessary in this case.

### **Rationale:**

According to the doctor's notes, the patient had a "10-15% weakness with dorsiflexion of the foot". In the reviewer's opinion, there was no neurologic deficit. Also, there is no record of any further treatment, for example: epidural steroids. In summary, the reviewer does not believe that the patient has substantial neurological deficits. The physician's reading of the MRI did not warrant surgery, but the MRI was not provided for review.

Sincerely,